



## ADOPTION ASSISTANCE CLAIM FORM

(Please type or print in black or blue ink.)

### I. Employee Information

Employee Name			
Social Security Number		Date of Hire	
Job Title			
Home Address			
City		State	Zip
Home Telephone Number	( )		

### II. Eligible Adoption Expenses

Date Paid	Amount	Description
Total Reimbursement		

- Please attach receipts in U.S. Dollars for all expenses listed above.
- A cancelled check alone will not be considered sufficient documentation.
- Applicable taxes will be withheld from reimbursement.

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(Page 2)

## III. Employee Request for Reimbursement

I am applying for reimbursement of adoption expenses listed on the previous page, confirming that

\_\_\_\_\_ whose birth date is \_\_\_\_\_,  
(Child's Name)

was placed in my home for the purpose of adoption on \_\_\_\_\_.  
(Date)

**I certify that this is a claim for allowable expenses under the city of Richardson's Adoption Assistance Policy.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date